

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966913	(X3) DATE SURVEY COMPLETED R 03/07/2019
NAME OF PROVIDER OR SUPPLIER HARMONY FAMILY HOME CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 9245 SW 208 TERRACE MIAMI, FL 33189	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Wellness Monitoring fourth Revisit Survey was conducted on March 7, 2019. Harmony Family Home, Corp. with a standard license had deficiencies identified at the time of survey, cited under the standard biennial survey, Event ID#G8O115.